

## Renewal of an Iowa Physical Therapist Assistant License

Revised 9/26/18	<b>Please write clearly and legibly</b>
License Number	
Last Name, First Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
Phone 1 and 2	
SSN	

**Step Two** – What is the renewal fee and when is it due.

The renewal fee is \$60. Check or money order must be payable to the Iowa Board of Physical and Occupational Therapy. Renew early to avoid a late fee or lapse in licensure. The board office strongly suggests the application and fee be mailed 30 days prior to the license expiration date.

**When is the late fee due?**

- A \$60 late fee plus the \$60 renewal fee is required on all applications received in the grace period: “Grace period” means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay the \$60.00 late fee.
- Renewal applications received after the “Grace period” will not be processed. The license will automatically be placed on inactive status.
- Allow two weeks to process the paper renewal. Once approved, a new wallet card will be mailed to you

**Inactive to Active License Status**

- A licensee who fails to renew the license by the end of the “Grace period” has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a physical therapist assistant in Iowa until the license is reactivated.
  - Apply for reactivation by paper: <http://idph.iowa.gov/Licensure/Iowa-Board-of-Physical-and-Occupational-Therapy/Licensure/Reactivation>
  - Apply for reactivation online: <https://ibplicense.iowa.gov/mystatus>

**Iowa Law and Administrative Rules**

- To view the current Iowa Law and Administrative Rules online, go to <http://idph.iowa.gov/Licensure/Iowa-Board-of-Physical-and-Occupational-Therapy/Laws-and-Rules>

**Step Three** - The following five questions must be answered.

If you answer “Yes” to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **SINCE YOUR LAST RENEWAL HAVE YOU:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Program, you may answer "NO" to this question.)

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**Step Four** – Continuing Education. You must check the one statement below that applies to you. All required continuing education hours must be completed prior to renewing the license. If you are selected for the audit, you will be required to submit continuing education information as instructed. For auditing purposes, licensees must retain the information for two years after the biennium has ended. To review the continuing education rules, go to <http://idph.iowa.gov/Licensure/Iowa-Board-of-Physical-and-Occupational-Therapy/Continuing-Education>

<input type="checkbox"/>	This is my first renewal after initial licensure, continuing education isn't required.
<input type="checkbox"/>	I have <b>completed</b> the required 20 hours of continuing education, earned in the correct continuing education compliance period. <b>Note:</b> If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
<input type="checkbox"/>	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
<input type="checkbox"/>	I have been granted an extension of time to fulfill the continuing education requirements <b>or</b> I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
<input type="checkbox"/>	I am exempt from the continuing education requirements because I was on active military duty during all or part of this continuing education biennium.

**Step Five** – Mandatory Reporter Training Requirements. You must check the one statement below that applies to you.

- For a list of approved curricula go to: <http://idph.iowa.gov/abuse-ed-review>

Licensees, who are employed in specific settings and who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years.

Are you employed in one of these settings?

Foster care facility, head start program, hospital, intermediate care facility, juvenile detention center, juvenile home, juvenile shelter care facility, licensed child care center, mental health center, nursing facility, registered child care home, residential care facility, state mental health institute, state training school or substance abuse program.

<input type="checkbox"/>	I am not employed in any of these settings.
<input type="checkbox"/>	I am employed in one of these settings, but I do not, in the scope of my professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa.
<input type="checkbox"/>	I am employed in one of these settings and, in the scope of my professional practice, I examine, attend, counsel, or treat dependent adults and/or children in Iowa and have completed the course(s) within the last five years.
<input type="checkbox"/>	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I was on active duty in the military during this biennium.
<input type="checkbox"/>	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse due to a physical or mental disability or illness. My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board.

### **Step Six** - Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date